

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES
REGISTRAR-RECORDER/COUNTY CLERK

3052015038727

CERTIFICATE OF DEATH

3201519008603

STATE FILE NUMBER		CERTIFICATE OF DEATH		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEASED - FIRST (Given) MICHAEL		2. MIDDLE -		3. LAST (Family) SOARES	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST) LEROY GENARO VARNEDOE		4. DATE OF BIRTH mm/dd/yy 09/29/1979		5. AGE Yrs 35	6. SEX M
7. IF UNDER ONE YEAR Months Days		8. IF UNDER 24 HOURS Hours Minutes		9. LOCAL REGISTRATION NUMBER	
10. BIRTH STATE/FOREIGN COUNTRY CA		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SRDP (at time of death) NEVER MARRIED	
13. EDUCATION - Highest Level/Degree (see worksheet on back) GED		14. WAS DECEASED HISPANIC/LATINO/A/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		15. DECEASED'S RACE - Up to 3 races may be listed (see worksheet on back) AFRICAN AMERICAN	
16. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED NEVER WORKED		17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		18. YEARS IN OCCUPATION 0	
19. DECEASED'S RESIDENCE (Street and number, or location) 1254 W. 91ST STREET APT C		20. INFORMANT'S NAME: RELATIONSHIP DAWN SOARES, MOTHER		21. CITY LOS ANGELES	
22. COUNTY/PROVINCE LOS ANGELES		23. ZIP CODE 90044		24. YEARS IN COUNTY 0	25. STATE/FOREIGN COUNTRY CA
26. INFORMANT'S NAME: RELATIONSHIP DAWN SOARES, MOTHER		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 1254 W. 91ST STREET APT C, LOS ANGELES, CA 90044		28. NAME OF SURVIVING SPOUSE/SRDP-FIRST -	
29. MIDDLE -		30. LAST (BIRTH NAME) -		31. NAME OF FATHER/PARENT-FIRST UNKNOWN	
32. MIDDLE UNKNOWN		33. LAST UNKNOWN		34. BIRTH STATE UNKNOWN	
35. NAME OF MOTHER/PARENT-FIRST DAWN		36. MIDDLE -		37. LAST (BIRTH NAME) MCMAHAN	
38. BIRTH STATE CA		39. DISPOSITION DATE mm/dd/yy 02/26/2015		40. PLACE OF FINAL DISPOSITION RES. DAWN SOARES 1254 W. 91ST STREET APT C, LOS ANGELES, CA 90044	
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER ► NOT EMBALMED		43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT ETERNAL VALLEY MEMORIAL PARK MORTUARY		45. LICENSE NUMBER FD1163	46. SIGNATURE OF LOCAL REGISTRAR ► JEFFREY GUNZENHAUSER, MD		47. DATE mm/dd/yy 02/25/2015
48. PLACE OF DEATH RESIDENCE		49. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DGA		50. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
51. COUNTY LOS ANGELES		52. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 45335 GADSEN AVENUE		53. CITY LANCASTER	
54. PLACE OF DEATH RESIDENCE		55. CAUSE OF DEATH Enter the chain of events -- disease, injuries, or complications -- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBRVE. IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) DEFERRED (B) (C) (D) SEQUENTIALLY, list conditions, if any, leading up to the cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		56. DEATH REPORTED TO CORONER (Indicate Period of Death) (A) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 2015-02-26 (B) (C) (D) 57. DEATH REPORTED TO CORONER (Indicate Period of Death) (A) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 2015-02-26 (B) (C) (D) 58. 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This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

Dean C. Logan
DEAN C. LOGAN
Registrar-Recorder/County Clerk

This copy is not valid unless prepared on an engraved border displaying the seal and signature of the Registrar-Recorder/County Clerk.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

JAN 25 2017

1000001436611

CALOSANG02



CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES
REGISTRAR-RECORDER/COUNTY CLERK

3052015038727

STATE FILE NUMBER

PHYSICIAN/CORONER'S AMENDMENT

NO ERASURES, WHITEOUTS, PHOTOCOPIES,
OR ALTERATIONS

3201519008603

LOCAL REGISTRATION NUMBER

1.1

 BIRTH DEATH FETAL DEATH

TYPE OR PRINT CLEARLY IN BLACK INK ONLY – THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD

PART I INFORMATION TO LOCATE RECORD

INFORMATION AS IT APPEARS ON ORIGINAL RECORD	1A. NAME—FIRST MICHAEL	1B. MIDDLE -	1C. LAST SOARES	2. SEX M
	3. DATE OF EVENT—MM/DD/CCYY 02/06/2015	4. CITY OF EVENT LANCASTER	5. COUNTY OF EVENT LOS ANGELES	

PART II STATEMENT OF CORRECTIONS

LIST ONE ITEM PER LINE	6. CERTIFICATE ITEM NUMBER	7. INFORMATION AS IT APPEARS ON ORIGINAL RECORD	8. INFORMATION AS IT SHOULD APPEAR
	107A	DEFERRED	THERMAL INJURIES
107AT	-	RAPID	
112	NONE	INHALATION OF PRODUCTS OF COMBUSTION, EFFECTS OF METHAMPHETAMINE	
119	PENDING INVESTIGATION	ACCIDENT	
120		NO	
121		UNK	
122		UNK	
123		HOME	
124		RESIDENTIAL FIRE, EFFECTS OF METHAMPHETAMINE	
125		45335 GADSDEN AVENUE, LANCASTER, CA 93534	

2 of 2

DECLARATION OF CERTIFYING PHYSICIAN OR CORONER	I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.			
	9. SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER ► JEFFREY P GUTSTADT MD	10. DATE SIGNED—MM/DD/CCYY 05/13/2015	11. TYPED OR PRINTED NAME AND TITLE/DEGREE OF CERTIFIER DME	
	12. ADDRESS—STREET and NUMBER 1104 NORTH MISSION ROAD	13. CITY LOS ANGELES	14. STATE CA	15. ZIP CODE 90033
STATE/LOCAL REGISTRAR USE ONLY	16. OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR ► STATE REGISTRAR - OFFICE OF VITAL RECORDS	17. DATE ACCEPTED FOR REGISTRATION—MM/DD/CCYY 05/13/2015		

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS

100-100-2939164*

FORM VS 24a (REV. 1/08)

1.1

CAL05ANG02

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Dean C. Logan

DEAN C. LOGAN
Registrar-Recorder/County Clerk

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JAN 25 2017



1000001436612

